

Janet Napolitano
Governor



Joey Ridenour
Executive Director

Arizona State Board of Nursing

4747 N. 7th Street, Suite 200

Phoenix, AZ 85014-3653

Phone (602) 889-5150 Fax (602) 889-5155

E-Mail: arizona@azbn.gov

Website: www.azbn.gov

**COMPLETE THIS FORM IF YOUR CNA CERTIFICATE
HAS EXPIRED AND YOU ARE RENEWING.**

INVALID CERTIFICATE QUESTIONNAIRE

1. Certificate # _____

2. Name: _____
(Last) (First) (Middle)

Former Name(s): _____

Current Address: _____

4. Telephone: (_____) _____ Social Security #: _____

5. Did you work as a certified nursing assistant **in Arizona** (on your Arizona certificate) while your Arizona certificate was lapsed or inactive?

****(If your job description requires you to be certificated, or if you present yourself to the public as a certified nursing assistant in any way at your place of employment, **you are working as a certified nursing assistant**, even if your job does not include any direct "hands-on care.")****

☐ **NO** (Attach a letter from your supervisor stating you did not work in a position requiring certification during the lapse period.)

☐ **YES** If yes, where did you work while your certificate was expired or inactive? _____

Employer: _____ Employer Phone #: _____

Address: _____

Supervisor's Name: _____ Title: _____

Supervisor's Phone #: _____

I certify that the above entries made by me are true, complete and correct to the best of my knowledge and belief.

SIGNATURE

DATE